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## **Arts therapy**

**Benchmark statement:  
Health care programmes**

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Phase 2

**QAA 059 09/04**

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## **Subject benchmark statements: Health care programmes**

Subject benchmark statements provide a means of describing the nature and characteristics of programmes of study and training in health care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, subject benchmark statements are one of a number of external sources of information that are drawn upon for the purposes of external review by various bodies and organisations and for making judgements about threshold standards being met. Reviewers do not use subject benchmark statements as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the associated documentation of the relevant professional and statutory regulatory bodies, the institution's own self evaluation documentation, together with primary data in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of standards in health care subjects is undertaken by groups of appropriate specialists drawn from HEIs, service providers and the professional and statutory regulatory bodies. The statements represent the first attempt to make explicit in published form the general academic characteristics and standards of awards in these subjects in the UK. In due course, the statements will be revised to reflect developments in the subjects and the experiences of institutions, and others that are working with them.

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## Foreword

This benchmark statement describes the nature and standards of programmes of study in the arts therapies (AsTs) that lead to awards in art therapy and art psychotherapy, dance movement therapy, dramatherapy and music therapy made by higher education institutions (HEIs) in the United Kingdom (UK).

The statement sets out a general framework under three main headings in order to describe the nature and standards of these programmes:

- A Expectations of the health professional in providing patient/client services;
- B The application of practice in securing, maintaining or improving health and well-being;
- C The knowledge, understanding and skills that underpin the education and training of health care professionals.

In addition, there are statements for each of the four modalities referred to above.

The key feature in this statement, as in the associated statements, is the explicit articulation of the academic and practitioner standards associated with the award in AsTs. This duality reflects the significance of the academic award as the route to registration for professional practice and formal recognition by the professional and statutory regulatory bodies. The threshold standards set out the expectations of health professionals entering their first post immediately on qualification.

The section on standards accords with the relevant criteria for awards in the *Joint Quality Assurance Committee Handbook* published by the Council for the Professions Supplementary to Medicine (2002) and it is anticipated that they will be included in future subject benchmark statements and qualifications frameworks published by the Quality Assurance Agency for Higher Education. This was superseded by the Health Professions Council's (HPC), Standards of Education and Training in July 2004 drawn up in consultation with the professional bodies.

The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional competence developed through practice is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

The statement acknowledges the need to put the prospective client/patient at the centre of the student's learning experience and to promote within that experience the importance of team-working and cross-professional collaboration and communication. Implicit in the statement are the opportunities that exist for shared learning across professional boundaries, particularly in the latter stages of training when interprofessional matters can be addressed most productively. It is essential that the opportunities that exist for shared learning in practice are optimised, as well as best use being made of similar opportunities that prevail more obviously in classroom-based activities.

This statement and the associated statements will therefore allow HEIs, in partnership with service providers, where appropriate, to make informed curriculum choices about the construction of shared learning experiences. In this context, shared learning is seen as one of a number of means of promoting improved collaborative practice and addressing a range of issues which span professional accountability and professional relationships.

## Teaching, learning and assessment

Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to promulgate any one approach over others.

However, this benchmark statement promotes an integrative approach to the application of theory and practice in AsTs. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard. Fundamental to the basis upon which students are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

### **Academic and practitioner standards**

The standard expected of the threshold practitioner is described in detail in this statement. 'Threshold' is taken to mean that standard of achievement demonstrated at the end of the educational experience, at the point of registration (ie the minimum pass at master's level for the four professions art therapy and art psychotherapy, dance movement therapy and dramatherapy and music therapy). The applied nature of the AsTs means that students must demonstrate capability in both the academic and the practical experience at the threshold level. Achievement of this standard will meet the statutory requirements of the relevant professional bodies and the HPC.

Finally, the statement does not set a national curriculum for programmes leading to awards in the AsTs. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage HEIs and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which HEIs are expected, as a minimum, to set their standards for the award.

## Nature and extent of the arts therapies

This initial section of the document describes the broad generic content of four AsTs disciplines; it indicates the general scope of knowledge and discipline awareness, whereas the second part of the document describes the subject specific content of each of the modalities. It is important to emphasise the need for integration of theory and practice in all four disciplines.

'Arts therapies' (AsTs) is a generic term of convenience that is used to refer to the four separate professions of art therapy and art psychotherapy, dance movement therapy, dramatherapy and music therapy. Arts therapists use their different art forms in therapy treatment for people with a wide range of health and social problems, with either individuals or groups of adults and/or children. Thus, in addition to being experts within their specific arts medium, arts therapists have a thorough understanding of health problems connected to psychosocial difficulties (Odell-Miller et al, 2003). For each AsTs discipline, there are separate training programmes and separate professional associations. Art therapy and art psychotherapy are both protected titles for the same profession; for the purposes of this document the terms are used synonymously. Arts therapists are registered with the HPC and form part of the Allied Health Professions.

The art form (ie art, dance, drama or music) is used as a therapeutic tool, and provides an alternative form of communication in the formation and continuation of a therapeutic relationship. Clients who are referred to arts therapists need not have previous experience or skill in the specific art form; arts therapists are not primarily concerned with making an aesthetic or diagnostic assessment of the client's artwork.

All AsTs disciplines have been developed as the result of multidisciplinary endeavours initiated by artists, psychotherapists, educators, health and social workers, and share a number of common characteristics, such as:

- the use of the arts;
- the value placed upon creativity;
- appreciation and understanding of non-verbal communication;
- the use of imagery, symbolism and metaphor, where appropriate;
- the creation of a safe environment and a secure client-therapist relationship;
- the presence of therapeutic aims that guide therapeutic interventions;
- the use of assessment and/or evaluation as part of daily practice.

(Karkou, 1998, modified by the AsTs benchmarking group and the Quality Assurance Agency for Higher Education consultation.)

Current practice employs a range of theoretical underpinnings and is therefore, adaptable to the needs of the client and the overall culture of the setting. These include:

- using aesthetic/artistic practices and traditions primarily developed within each of the separate forms of art, ie art, drama, dance and music;
- practices that draw upon the principles of psychoanalytic and psychodynamic traditions;
- group process principles drawn from group psychotherapy;
- humanistic and client-centred principles;
- developmental ideas from psychology, psychotherapy and psychobiology;
- active/directive practices that draw upon principles of brief therapy and cognitive behaviourism;
- practices drawn from social, cultural and community theory.

(Karkou, 1998, modified by the AsTs benchmarking group and the Quality Assurance Agency for Higher Education consultation.)

However, due to separate and varying historical developments and the particular art forms, the four professions are different. Characteristics and theoretical underpinnings are manifested in different ways and to varying degrees within each of the AsTs.

### Areas of work for arts therapists

The practice of the AsTs is restricted to registered arts therapists. The requirements for fitness to practise and eligibility for recognition to practise is overseen by the statutory body, the HPC, and also the professional associations of each separate AsTs discipline, ie the British Association of Art Therapists (BAAT), the Association for Dance Movement Therapy (ADMT UK), the British Association of Dramatherapists (BADth)



and the Association for Professional Music Therapists (APMT). These bodies assume responsibility for the safe practice of AsTs through published codes of ethics and principles of professional practice.

Arts therapists work with a number of different client groups. National statistics (Karkou 1998) show that mental health problems and learning difficulties are two major areas of work for arts therapists, with expansion to a number of other areas taking place.

Specifically, difficulties that are frequently addressed by arts therapists are:

- mental health problems including those of psychosis, neurosis and behaviour disorders, for example, schizophrenia, bi-polar disorders, depression, post traumatic stress disorder, anxiety and panic attacks, dementia, personality disorders, offending behaviour, self-harm and eating disorders;
- learning difficulties that can be mild, moderate or profound, autism, Asperger's syndrome, ADHD;
- social deprivation and isolation due to imprisonment, confinement or social exclusion;
- medical problems such as cancer, HIV and AIDS, strokes and/or heart attacks, chronic pain;
- sensory and/or physical problems;
- stress, low self-esteem and emotional or social problems.

In general, arts therapists work with clients who are disadvantaged. For example, client socio-demographic information gathered in one city showed that caseloads are similarly disadvantaged to the caseloads of community psychiatric nurses. Many clients are separated, single or widowed, living alone and unemployed (Wood, 1999).

## **Notes**

Research studies have offered evidence for the efficacy of AsTs with a number of these disadvantaged client groups. For example, AsTs are shown to be clinically effective with people with dementia, people suffering from severe and enduring mental health problems, people with autism, Asperger's Syndrome and ADHD. AsTs are also shown to be effective for people who self-harm, have suffered trauma and survived physical and emotional abuse. Finally, there are a number of studies that support the value of AsTs for dealing with issues of self-esteem with a number of different client groups (Odell-Miller et al, 2003).

Arts therapists work in a variety of settings in the public, voluntary and private sectors. According to Karkou (1998), AsTs provision is most commonly available within the NHS, education and community-based settings. For example, arts therapists can be employed within:

- adult mental health services, child and adolescent services, services for older people with mental health problems, services for people with learning difficulties, special hospitals, children's hospitals and hospices;
- education: special and/or mainstream schools, referral units, learning support services;
- community-based settings: community mental health and learning disability teams, social services, voluntary and private organisations;
- Home Office settings such as prisons, secure units and detention centres.

Senior registered arts therapists may also work in private practice.

## **Training in the arts therapies**

The HPC has a responsibility for approving all HEIs that participate in the education of arts therapists. HEIs have a shared responsibility with the HPC to ensure that all graduates who enter the professional register are appropriately fit to do so, eg the HEI conducts enquiries with relevant authorities such as the police. HPC and the relevant professional association set the criteria for the curriculum leading to registration.

All AsTs programmes place an emphasis on acquiring critical knowledge and understanding of the philosophy of the modality itself. All students undertake a substantial period of clinical practice. Practical/clinical elements and academic/theoretical elements are integrated and thoroughly assessed. In addition, people training in all the modalities are required to undertake substantial periods of personal therapy as a part of their training and practitioners are required to seek and maintain regular clinical supervision, and undertake continuing professional development.

The training in all modalities (art, dance movement, drama and music) is postgraduate at master's or M level. Programmes in art therapy and art psychotherapy must be for at least two academic years full-time, or at least two/three academic years part-time. Programmes in dance movement therapy are at least two years full-time or three years part-time. Programmes in dramatherapy must be between one and a half or

two academic years full-time and three or four academic years part-time. Programmes in music therapy must be for at least one academic year full-time or at least two years but not more than five years part-time. The entry requirements for AsTs programmes also normally include each institution's specific entry requirements for postgraduate programmes at master's or M level plus:

- possession of an appropriate degree - in art, dance movement, drama or music or appropriate professional qualification;
- demonstration by some other means to the appropriate artistic accomplishment and understanding of the academic basis of the art form;
- demonstration of personal maturity, commitment, and suitability (applicants must be at least 23 years of age);
- relevant practical experience;
- compliance with the terms of the *Rehabilitation of Offenders Act 1974* and mental health legislation for clinical placement and employability in the NHS, local authority social services departments, working with children and other similar sensitive areas of employment.

Applicants will normally be accepted onto a programme only after interview by a registered arts therapist in the appropriate modality and assessment of artistic accomplishment.

## **A Expectations of arts therapists in providing patient/client services**

This section articulates the expectations of a registered arts therapist within their practice context. It describes what is regarded as a minimum range of expectations of a professional that will provide safe and competent practice for patients/clients in a variety of settings.

### **A1 Professional autonomy and accountability of the arts therapist**

The award holder must be able to:

- maintain the standards and requirements of professional and statutory regulatory bodies;
- adhere to the relevant codes of conduct, codes of ethics and principles of professional practice (see note 2 at the end of the document);
- understand and comply with the legal and ethical responsibilities of professional practice;
- maintain appropriate principles and practice of patient/client confidentiality and informed consent;
- practise in accordance with current legislation applicable to health care professionals;
- exercise a professional duty of care to patients/clients/carers;
- recognise the obligation to maintain fitness for practice and the need for continuing professional development as required by both HPC and the relevant professional body;
- make productive use of ongoing clinical and management supervision;
- contribute to the development and dissemination of evidence-based practice within professional contexts;
- uphold the principles and practice of clinical governance.

### **A2 Professional relationships**

The award holder must be able to:

- participate effectively in interprofessional and multi-agency approaches to health and social care where appropriate;
- recognise professional limits and potential of practice and make referrals, where appropriate;
- work, where appropriate, in multidisciplinary teams with other professionals and support staff and patients/clients/carers to maximise therapeutic outcomes;
- maintain relationships with patients/clients/carers that are culturally sensitive and respect their rights and special needs.

### **A3 Personal and professional skills**

The award holder must be able to:

- demonstrate the ability to deliver safe, legal and effective patient/client-centred care;
- practise in an anti-discriminatory, anti-oppressive manner;
- draw upon appropriate knowledge and skills in order to make professional judgements, recognising the limits of their practice;
- demonstrate a capacity to make effective use of advice, guidance and support in the clinical setting and in other professional contexts;
- communicate effectively with patients/clients/carers and other relevant parties when providing care;
- collaborate with other professionals, support staff and patients/clients/carers in maximising therapeutic outcomes;
- prioritise workload and manage time effectively;
- engage in self-directed learning that promotes professional development;
- practise with an appropriate degree of self-protection;
- contribute to the well-being and safety of all people in the workplace;
- assume individual responsibility for maintaining up to date awareness of current research, scholarship and developments in therapeutic practice, and particularly in the practice of the relevant modality;
- demonstrate a capacity to work with a range of skills with a wide variety of the relevant modality's techniques and processes;
- understand the links between different approaches whether expressed in terms of treatment goals, selected techniques, therapeutic process or outcome;
- communicate the nature of their work orally and in writing to professionals and lay persons, including clients, and act as a resource to develop appropriate educational material about the relevant modality;
- demonstrate an engagement with the relevant arts process and a commitment to ongoing personal, artistic and professional development.

### **A4 Profession and employer context**

The award holder must be able to:

- show an understanding of their role within health, education, social care services, the Home Office, the community, the voluntary sector or in private practice;
- demonstrate an awareness of government policies for the provision of health, social care or education;
- take responsibility for their own professional development;
- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

## **B The application of the arts therapies in securing, maintaining or improving health and well-being**

All arts therapists draw from the knowledge and understanding associated with their particular discipline and profession. This knowledge and understanding is acquired from theory and practice. It forms the basis for making professional decisions and judgements about the deployment in practice of a range of appropriate skills and behaviours, with the aim of meeting the health and social care needs both of individual clients/patients and of groups, communities and populations. These decisions and judgements are made in the context of considerable variation in the presentation, the setting and in the characteristics of the client/patient health and social care needs. They often take place against a backdrop of uncertainty and change in the structures and mechanisms of health and social care delivery.

Sound professional practice is essentially a process of problem solving. It is characterised by four major phases:

- the identification and analytical assessment of health and social care needs and strengths;
- the formulation of plans and strategies for meeting health and social care needs and maintaining strengths;

- the performance of appropriate, prioritised health promoting/health educating/caring/diagnostic/therapeutic activities;
- the critical evaluation of the impact of, or response to, these activities.

### **B1 Identification and assessment of health and social care needs and strengths**

The award holder must be able to:

- gather relevant information from a wide range of sources including electronic data;
- adopt systematic approaches to analysing and evaluating the information collected;
- communicate effectively with the client/patient and their relatives/carers and group/community, where appropriate, about their health and social care needs;
- understand the use of a range of assessment techniques appropriate to the situation and make provisional identification of relevant determinants of health and physical, psychological, social and cultural needs/problems;
- recognise the place and contribution of AsTs assessment within the total health care profile/package; through effective communication with other members of the health and social care team.

### **B2 Formulation of plans and strategies for meeting health and social care needs and maintaining strengths**

The award holder must be able to:

- work with the client/patient and their relatives/carers and group/community, where appropriate, to consider the range of therapies that are appropriate, including the possibility of referral to other members of the health and social care team and agencies;
- plan care within the context of holistic health management and the contributions of others;
- use reasoning and problem solving skills to make judgements or decisions in prioritising actions;
- formulate specific plans for meeting client need, setting these within a timescale and taking account of finite resources;
- record clearly and succinctly professional judgements and decisions taken;
- synthesise theory and practice.

### **B3 Practice**

The award holder must be able to:

- conduct appropriate therapies skilfully and in accordance with best/evidence-based practice;
- contribute to the promotion of social inclusion;
- monitor and review the ongoing effectiveness of the planned therapy;
- involve client/patient/members of group/community/population appropriately in ongoing effectiveness of plan;
- maintain records appropriately;
- motivate individuals or groups in order to improve awareness, learning and behaviour that contribute to healthy living;
- recognise opportunities for advocating the contribution of AsTs.

### **B4 Evaluation**

The award holder must be able to:

- measure and evaluate critically the outcomes of professional activities;
- reflect on and review practice;
- participate in clinical practice audit and other quality assurance procedures;
- contribute to risk-management activities;
- use clinical supervision as a regular form of reflection and evaluation of practice;

- communicate an overview or summary to the client and to other professionals in appropriate language in oral and/or written reports.

## **C Knowledge, understanding and skills that underpin the education and training of arts therapists**

The education and training of arts therapists draws from a range of well-established disciplines in the arts, the humanities and sciences. The contextualisation of knowledge, understanding and skills is characteristic of the learning in specific AsTs programmes.

Arts therapists share common knowledge and skills, which are expressed at the generalised level of AsTs practice. Where these are specific to each of the AsTs modalities they are included in the benchmark statement for that modality.

### **C1 Knowledge and understanding**

The award holder must be able to demonstrate understanding of the key concepts of the disciplines that underpin the education and training of all health care professionals and a detailed knowledge of some of these. For example, the four AsTs disciplines place different emphasis on the depth to which they acquire knowledge outlined by the second bullet point: dance movement therapists must have substantial knowledge of this, whereas the other professions must have sufficient understanding to enable them respond appropriately within their practice.

The award holder must be able to demonstrate:

- a range of mind-body models of human functioning;
- the structure and function of the human body, together with a knowledge of dysfunction and pathology;
- health, educational and social care philosophy and policy, and its translation into ethical and evidence-based practice;
- the relevance of the social and psychological sciences to health and health care;
- the role of health care practitioners in the promotion of health and health education;
- the legislation and professional and statutory codes of conduct that affect health and social care practice;
- cultural sensitivity and awareness of difference in regard to class, ethnicity, gender and ability.

### **Psychotherapy and supervision**

Practitioners need to understand that the term psychotherapy is a very large umbrella term for a broad range of approaches to therapy including both behavioural and non-behavioural approaches. Arts therapists must be aware of these approaches and have a coherent frame of reference and rationale for their use of a particular model in relation to both individual and group therapy. All arts therapists are expected to understand the need for, and make use of, regular clinical and management supervision.

### **The nature and dynamics of arts therapists relationships and their management both with individuals and with groups**

The arts therapist needs to:

- have an informed understanding of core processes in therapeutic practice (eg the therapeutic frame, the centrality of the therapeutic relationship, transference and counter-transference etc);
- be able to engage these in such a way that productive therapeutic outcomes can be achieved;
- be aware of common therapeutic phenomena (eg the therapeutic alliance, projection, splitting, abreaction etc) and enable clients to work through and make sense of such experiences where possible;
- have knowledge of human behaviour, including the effects of personality, group dynamics and aspects of counselling;
- practise in a manner that is non-discriminatory and sensitive to power dynamics within therapeutic treatment;
- know the contributions of biological, psychological and social determinants of health.

## Medicine and psychiatry

The arts therapist must:

- have sufficient understanding of the development and functions of the human body in health;
- understand and respect what sickness may mean to human beings and how this is culturally and variously understood and engaged with;
- have awareness of medical terminology particularly those aspects that are relevant to the practice of AsTs;
- understand the major disorders and the difference between aetiology and risk factors;
- appreciate the different methods of disease/disorder classification and their uses with the major diseases/disorders;
- understand the ways in which patients are medically investigated to achieve a diagnosis and common types of therapy and patient management;
- know the framework of laws and regulations in which these practices occur.

## Psychology

Arts therapists must have a knowledge of human behaviour, including the effects of personality, group dynamics and aspects of counselling. They must:

- know the relative contributions of biological, psychological and social determinants of health;
- have an awareness of the psychological background to health behaviour and the patient-client relationship with particular reference to models of health beliefs and cultural variants.

## Sociology and social policy

Practitioners must have an awareness of the impact of social economic circumstances on health. They should:

- understand mental health from social, political, ability and disability, and cross-cultural perspectives and have a grasp of the sociology of health and illness;
- be familiar with different systems of social organisation and consequent power dynamics;
- understand the concepts of status, roles, social networks and social mobility relating particularly to health and healthcare, the concept of socialisation and its application to the various stages in the life cycle;
- be aware of classification systems and of the relevance of social class, ethnicity, culture and disability in relation to health and patterns of related behaviour.

## Health promotion/education

The practitioner must show some familiarity with the demographic, social and economic aspects of life in Britain, and how these impinge on health. They must have a broad understanding of health promotion and public health strategies designed to promote health improvements.

## Mental health

The practitioner must:

- have a critical understanding of mental health issues and of terminology that is relevant to the work of arts therapists in this field;
- have knowledge of the different medical models with which patients are investigated for diagnosis and the common types of therapy and patient management;
- understand the role of AsTs within mental health settings;
- understand relevant legislation/policy in the field of mental health;
- be aware of approaches to the treatment of mental health disorders in the twentieth and twenty-first centuries.

## Learning difficulties

The practitioner must:

- have an understanding of learning difficulties and of terminology that is relevant to the work of arts therapists in this field;

- have knowledge of the ways in which patients are investigated to achieve a diagnosis;
- understand the common types of therapy and patient management;
- understand the role of the AsTs within learning disabilities settings;
- understand relevant legislation/policy in the field of learning difficulties.

### **Ethics, law and informed consent**

Arts therapists must be cognisant of the legal framework as it applies to the practice of AsTs and with people's legal rights and obligations in the UK and, where relevant, abroad. They must:

- comply with the obligations that the legal framework places upon their practice, especially those related to 'informed consent';
- make clients aware of the legal limits on confidentiality.

### **Organisational structures**

The practitioner needs to possess a general knowledge of organisational structures with particular emphasis on the NHS, education, social services and the voluntary sector. Arts therapists must understand the professional role of the arts therapist within these organisations for the maintenance of standards and the requirements for registration.

### **Awareness of multidisciplinary teamwork, other disciplines and related therapies**

Many arts therapists work alongside other health care professionals. They must:

- understand in theory and practice the health benefits for the client of multidisciplinary teamworking;
- acquire some practical and theoretical understanding of unique and common features of other disciplines and related therapies;
- understand the differences between a client's involvement in arts activities for leisure or educational purposes and their engagement in AsTs.

### **Evidence-based practice and practice-based evidence**

Arts therapists must have a sound grasp of how to conduct a modest research project. They must:

- demonstrate critical understanding of the principles of research including evidence-based practice and practice-based research as applied to AsTs;
- be able distinguish between research and practice-based audit.

### **Personal development**

The award holder must demonstrate insight and self-awareness resulting from having had personal therapy while training.

## **C2 Skills**

### **Information gathering**

The award holder should be able to demonstrate:

- an ability to gather and evaluate evidence and information from a wide range of sources;
- an ability to use methods of enquiry to collect and interpret data in order to provide information that would inform or benefit practice.

### **Problem solving**

The award holder should be able to demonstrate:

- logical and systematic thinking;
- an ability to draw reasoned conclusions and sustainable judgements;
- an ability to work with intuition and the imagination.

### Communication

The award holder should be able to demonstrate effective skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, their relatives and carers, and, when necessary, to groups of colleagues or clients.

### Numeracy

It is desirable that the AsTs award holder has some ability in understanding, manipulating, interpreting and presenting numerical data.

### Information technology

The award holder should be able to demonstrate an ability to engage with technology, particularly the effective and efficient use of information and communication technology.

## D Additional statements on skills of the arts therapist

The award holder should be able to demonstrate:

- awareness of the economic, political, cultural, social and psychological aspects of health;
- knowledge of when it is appropriate, and when it is not appropriate, to use the AsTs in diagnosis, treatment and research;
- critical appraisal of techniques used to assess the mental status of individuals such as DSM and ICD;
- an ability to identify, investigate, analyse and formulate solutions to problems, including a capacity to draw on established analytical techniques where appropriate and particularly to:
  - a assimilate and assess critically new concepts and apply appropriately to practice;
  - b know how to undertake a practical project, demonstrating a critical approach to research and involving some original thought;
- the range of communication skills and other interpersonal skills necessary for effective performance including:
  - a awareness of the different methods and styles of communication that are used when interacting with other health care personnel, staff and clients, and appropriate one to one communication with colleagues and the general public;
  - b use of communication skills to establish working relationships and develop strategies for coping with pressure;
  - c the ability to identify the barriers to communication and ways in which these may be overcome;
  - d knowledge of what factors must be considered to make a competent presentation (either individually or with colleagues) on a given topic;
  - e ability to choose the most appropriate methods of communication for a given situation;
- confidence in engaging with technology in the pursuit of effective AsTs practice including:
  - a a working knowledge of the methods commonly used in health care research and the ability to evaluate research papers critically;
  - b demonstration of appropriate IT skills to communicate with colleagues (eg word processing and email) and search for information;
- training in the skills required of an arts therapist in the modality concerned;
- further practical experience of, and training in, the relevant art form;
- some practical experience of using the relevant art form with specific client groups, such as people with mental health issues and people with learning difficulties;
- practical experience of individual and group work as participant and facilitator;
- developing client-therapist therapeutic relationships and facilitating interpersonal relationships within groups;
- creating a safe environment within which clients feel comfortable with the therapist and the artistic process.



## **Specific statements for each modality of arts therapies**

### **Art therapy and art psychotherapy**

Art therapy and art psychotherapy (both titles are protected) is: 'the use of art materials for self-expression and reflection in the presence of a trained art therapist. The overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. The relationship between the therapist and the client is of a central importance, but art therapy and art psychotherapy differ from other psychological therapies in that they involve a three-way process between the client, the therapist and the image or artefact' (BAAT, 2002, p 1).

Art therapy and art psychotherapy are unique forms of psychotherapy in which art and image making play a central role within the therapeutic relationship. Different forms of the practice are used to respond to the differing needs of individuals and groups of clients. The practice uses art as a model for self-reflection and learning and, in addition, is firmly rooted in knowledge of psychotherapeutic concepts and psychotherapeutic practice appropriate to public sector settings and the social and mental health of the client. There are an increasing number of such settings as art therapy and art psychotherapy become more widely known. For example, as well as working within physical and mental health, art therapists work in services for people with disabilities, in schools, in a wide range of social care and in forensic settings. The discipline can also be used in mental-health promotion.

It is a broad-based subject including substantial knowledge of the visual arts, psychology, the social sciences and the impact of culture upon health. Art therapists and art psychotherapists offer both stand-alone therapeutic provision and work that is a particular contribution to a multi-disciplinary team.

Practitioners of art therapy and art psychotherapy formulate the appropriate intervention and assess outcome on the basis of their professional knowledge and relevant research. They are required to work professionally within the complex frameworks of accountability and ethical and legal boundaries within the workplace, be this public sector or private practice. To become a registered art therapist or art psychotherapist students follow prescribed postgraduate university programmes at master's level.

The study of art therapy and art psychotherapy encompasses the following principles:

- knowledge about, and of, the client;
- knowledge and understanding of the self (ie the therapist's knowledge of themselves);
- knowledge of the process of object and image making within therapy and art;
- knowledge of the nature of psychotherapeutic relationships;
- knowledge of the political and cultural contexts in which therapeutic practice takes place;
- knowledge of the need to establish evidence of effectiveness.

The practice of art therapy and art psychotherapy involves:

- the integration, translation and application of theoretical concepts for appropriate practice;
- the development of strong interpersonal skills to enable effective communication to a wide diversity of individuals and groups;
- critical reflection, self-evaluation and commitment to the use of research in the evaluation and improvement of practice.

### **The nature and extent of art therapy and art psychotherapy**

Art therapy and art psychotherapy are interdisciplinary and applied subjects that aim to work with the inner resources of clients in the promotion of health for individuals and groups. This requires the integration of substantial knowledge of art, psychotherapy and the client's social and economic circumstances so that practitioners can facilitate clients in their quest for improved health.

Art therapy and art psychotherapy draw upon their own body of knowledge and an awareness of the relevance of aspects of aesthetics, psychology, psychiatry, sociology, psychotherapy and medicine. The pre-registration student centrally studies theories of individual psychotherapy, group work and the management of group process (they may use, for example, the work of Foulkes, Yalom or Bion). The intention is that students develop a critical understanding of the therapeutic relationship and of the relevance of research to practice. The study of these subjects enables art therapists and art psychotherapists to take an integrated view of their discipline and communicate this effectively with an interdisciplinary perspective.

The development of a reflective practitioner with the potential to continue professional development is encouraged through art making, the study of research methods, subject-specific literature, ethics and clinical placements. There is one pre-registration route for art therapists and art psychotherapists, which is within the framework of higher education. This route includes a mandatory 120 days of clinical practice within the structure of the programme. The duration of the training is two full-time and three part-time academic years of postgraduate study at master's level.

### **Subject knowledge, understanding and associated skills that are essential to underpin informed safe and effective practice of art therapy and art psychotherapy**

The award holder should be able to demonstrate a systematic understanding of the key aspects of the range of disciplines underpinning art therapy and art psychotherapy and a detailed knowledge of some aspects including:

#### **Aesthetics**

In simple terms this is the study of the principles of art. The philosophical traditions of aesthetics draw upon a range of disciplines in the pursuit of an understanding of the relations between form and content. This contributes to the ability of the practitioner to find a sensitive appreciation and understanding of the art made in therapy.

#### **Art making**

Substantial experience and knowledge of the processes involved in making art as a result of the sustained commitment to their own art making, whatever that constitutes. In this way art is used as a model for self-reflection and learning.

#### **Art therapy/art psychotherapy**

Different approaches to the core disciplines of art and psychotherapy have developed from different histories in Europe, America, Australia and East Asia. Internationally, the discipline has deep foundations within the many cultural traditions that use art making for the enhancement of health. Contemporary practitioners need the capacity to synthesise particular aspects of the discipline's knowledge base in their efforts to formulate an approach that is responsive, culturally sensitive and effective in relation to the needs and abilities of different clients.

#### **Organisational structures**

The practitioner needs to possess a general knowledge of organisational structures with particular emphasis on the NHS, education, social services and the voluntary sector. The practitioner must understand the professional role of the art therapist and art psychotherapist within these organisations for the maintenance of standards and the requirements for registration.

#### **Medicine and psychiatry in relation to mental and emotional disorders**

The practitioner must have sufficient understanding of the functions of the human body in health and of medical terminology, particularly those aspects that are relevant to the practice of art therapy and art psychotherapy. They must understand the major disorders and the difference between aetiology and risk factors (ie between those factors that cause disease and those which put people at risk). They should have an awareness of the different methods of disease/disorder classification. They should have a critical awareness of the different forms of medical model used for diagnosis, health promotion and health improvements.

#### **Psychology**

It is necessary for the practitioner to have a sophisticated knowledge of human behaviour, including the effects of personality, group dynamics and different aspects of psychology. They must be aware of the contributions of biological, psychological, social and cultural determinants of health.

#### **Psychotherapy**

Many art therapists and art psychotherapists in the UK have tended, although not exclusively, to use models of psychotherapeutic understanding taken from psychoanalysis, while a smaller number employ other approaches, eg those taken from humanistic and client-centred models. Art therapists and art psychotherapists trained in the UK are asked to be coherent and have a rationale for their use of a particular model in relation to both individual and group work, and to appraise critically their therapeutic orientation, especially when working with clients from non-western cultures. All understand the need for and undertake regular clinical supervision.

## **Research methods**

It is important in the current health care climate for art therapists on the threshold of their careers to have an understanding of the principles of research enquiry and the need for research and evaluation of practice. They must demonstrate understanding of the principles of evidence-based practice, practice-based audit and evaluation as applied to art therapy and art psychotherapy. They must have awareness of the demographic, social and economic aspects of life in the UK, particularly those that impinge on health.

## **Sociology, social policy and service provision**

Practitioners need awareness of social problems, social policy and the availability of community services. They should sufficiently understand the role of mental health in a social context and the sociology of health and illness. They must sufficiently understand the concepts of status, roles, social networks and social mobility relating particularly to health and healthcare, the concept of socialisation and its application to the various stages in the life cycle. They must be aware of classification systems and the implications of social class in relation to health and inequalities of health for particular sections of the client population.

In addition to skills generic to the four modalities, art therapists and art psychotherapists need the following skills:

- the ability to integrate their own knowledge and skill of art making within their therapeutic relationships;
- the ability to be self-reflexive with regard to their own media and aesthetic preferences;
- the appropriate introduction for clients to different cultural forms in art making (ranging from the ancient and ongoing use of painting, sculpture etc to the contemporary use of computers and popular culture);
- the ability to draw upon knowledge of art making processes for work with clients,
- the ability to draw upon knowledge of a wide range of art materials and their application;
- the ability to facilitate the client's creative engagement with art process and product.

## **Dance movement therapy**

### **The nature and extent of dance movement therapy**

Dance movement therapy (DMT) or dance therapy (both titles are protected) is a unique form of psychotherapy in which the creative use of movement and dance play a central role within the client-therapist therapeutic relationship. The ADMT UK defines the field as: 'the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration' (ADMT UK 2002, p 1). DMT is founded on the principle that movement reflects an individual's patterns of thinking, feeling and communicating. Through acknowledging and supporting the client's movements, the therapist encourages development and integration of new adaptive movement patterns together with the emotional and relational experiences that accompany such changes.

While the use of dance as a healing art is historical, the profession is influenced by contemporary psychological theories and psychotherapeutic and therapeutic practices, multi-cultural traditions in dance, bodywork and spiritual development, and is being continually informed by national and international research.

### **Areas of work for DMT**

The practice of DMT is restricted to registered practitioners. The requirements for fitness to practise and eligibility for recognition to practise is overseen by the ADMT UK. This body assumes responsibility for the safe practice of AsTs through a published code of ethics and principles of professional practice. (Note: ADMT UK is applying to the HPC for registration, and if successful, DMT will be in the same relationship to the HPC as the other three AsTs).

DMT is practised as both individual and group therapy, predominantly in education, health, education, social services and other community-based settings (eg voluntary and private organisations), prison services and in private practice (Karkou, 1998).

Dance movement therapists work with a wide variety of clients of all ages, including people who are emotionally distressed, those with physical or mental illness, those with physical and/or cognitive impairment and people who want to use the medium for personal growth (Karkou, 1998).

There are a number of studies on the effectiveness of DMT that provide evidence of the effectiveness of DMT for a wide array of symptoms including reduction of anxiety, improving self-concept and addressing body awareness. Other research studies undertaken have concentrated on specific populations including clients with schizophrenia, learning disabilities, depression, Parkinson's disease and survivors of sexual abuse.

### **Training in DMT**

The HPC has a responsibility for approving all HEIs that participate in the education of art, drama and music therapies (see Note above). HEIs have a shared responsibility with the HPC to ensure that all graduates who enter the professional register are appropriately fit to do so, eg the HEI conducts enquiries with relevant authorities such as the police. Currently, ADMT UK sets the criteria for the curriculum leading to registration.

There is one pre-registration route for dance movement therapists in HEIs. This route includes a mandatory period of supervised clinical placement within the structure of the training. Programmes in DMT are at least two years long. ADMT UK sets the criteria for the curriculum leading to registration.

The training programme must have in place appropriate, documented application and interviewing procedures. Interviews must include experiential components. Minimum age for entry to programme should be 23 years. It is the training provider's responsibility to ensure that applicants have:

- an undergraduate degree in relevant field of study, or an equivalent professional qualification, or extensive experience in a related field;
- continuous experience of at least one dance or movement form for a period of two years and exposure to, and experience of, a variety of dance and movement forms;
- an ability to improvise, relate, and communicate through movement in both dyadic and group interactions in addition to an ability to improvise and use movement symbolically and expressively;
- at least one year's relevant practical work experience (voluntary or paid);
- personal maturity commensurate with training as a therapist.

### **Subject knowledge, understanding and associated skills that are essential to underpin informed, safe and effective practice of DMT**

A dance movement therapist should be able to demonstrate a systematic understanding of the key aspects of the range of disciplines underpinning DMT and a detailed knowledge of some aspects including:

- knowledge of DMT history and main DMT approaches;
- knowledge of movement analysis systems and relevant dance practices;
- knowledge and understanding of the client's physiological, cognitive, emotional and social needs and the way these are expressed in body postures and gestures, movement preferences and dance creations;
- knowledge and understanding of the dance movement therapist's self and own movement preferences;
- knowledge of the nature of psychotherapeutic relationships as expressed through non-verbal and verbal communication;
- understanding of the political and cultural contexts and the way they are manifested in the body, as well as in the movement and the dance created and/or co-created within the therapeutic relationship;
- commitment to the use of psychotherapeutic, social science, medical, educational, anthropological, dance and DMT research in preparation for practice.

### **DMT history and main DMT approaches**

The history of DMT involves mainly pioneering work in the USA, West and Central Europe. Internationally, the discipline has deep foundations within the many cultural traditions that use movement and dance for the enhancement of health. The most influential approaches found in the field today derive from the work of Laban, Marion Chase and Mary Whitehouse, while developmental models based on people such as Sherborne's are equally widespread in the UK. Contemporary practitioners need to be aware of historical developments and knowledgeable of the most important current practices in order to choose, and/or synthesise, particular aspects of the discipline's base and thus, formulate the most appropriate and effective approach that meets the needs of the different clients.

### **Movement analysis systems and relevant dance theory**

Laban's movement analysis is a fundamental tool in the hands of dance movement therapists, next to Kestenberg's adaptation of this system for psychoanalytic thinking and other movement analysis systems developed within the dance world and/or cultural anthropology (eg Bennech, Hanna etc). Dance movement therapists should be familiar with at least one system of movement analysis. Dance practices that facilitate therapeutic awareness, insight and/or expression of emotions are also relevant to the knowledge base of the discipline and need to be incorporated within the DMT training.

### **Client's needs as expressed through the body, movement and dance**

Dance movement therapists should have knowledge of basic principles of anatomy, physiology, biomechanics and biochemistry in order to facilitate safe creative expressions appropriate for individuals and groups. Through extensive movement observation training, dance movement therapists should be able to identify predominant physiological, cognitive, emotional and social needs as expressed through the clients' body presentation, movement preferences and dance skill and ability. Based on these identified needs, they should be able to set plan(s) of treatment appropriate for the individual and/or the group.

### **Own self and own movement preferences (the dance movement therapist's)**

Dance movement therapists should have knowledge of their own movement preferences and their corresponding cognitive, emotional and social strengths and weakness in order to be able to respond to the clients' needs in an appropriate way. As with all other arts therapists they should receive regular supervision, ideally from a senior dance movement therapist. All qualified dance movement therapists should also have gone through personal therapy.

### **Nature of psychotherapeutic relationship through verbal and non-verbal communication**

The psychotherapeutic relationship is fundamental to the practice of DMT. This relationship is primarily based on movement communication but can also be supported by other non-verbal means such as visual, musical, dramatic or textual and/or verbal interactions. Dance movement therapists should have knowledge and understanding of how to establish and work through psychotherapeutic relationship with their clients and how to encourage the most appropriate relationship depending on the needs of the client(s).

### **Political and cultural contexts as manifested in the body, movement and/or dance**

Political and cultural contexts set the scene within which DMT is practiced. They are also manifested in the body, the movement and dance creations. Dance movement therapists should be aware of the particular political/cultural agendas carried by themselves and their clients and demonstrate sensitivity to individual preferences and biases.

### **Commitment to the use of relevant research in preparation for DMT practice**

Dance movement therapists should show commitment to evidence-based practice drawing upon DMT, psychotherapeutic, social science, medical, educational, anthropological and dance research literature in preparation for their practice. They should also have knowledge of basic research principles, sound research designs and an understanding of how to conduct evaluation of their practice. Training in research methods that are applicable to DMT and provide an ability to conduct modest research studies is a requirement for qualified dance movement therapists.

In addition, dance movement therapists need the following skills:

- the ability to integrate psychotherapeutic and movement-based theoretical concepts to practices appropriate for the individual and/or group;
- extensive movement observation skills for individuals, dyads and groups;
- the ability to promote awareness of bodily-felt experiences;
- strong movement interaction skills and ability to move with ease in response to the client's movement preferences;
- skills within at least one form of dance and familiarity with a wide range of other dance styles (including different cultural dance traditions);
- ability to promote the use of movement through the selection of appropriate props, musical, visual or dramatic prompts;

- ability to introduce a wide range of dance formations with a therapeutic value;
- ability to facilitate dance-making processes;
- ability to collect evidence of effectiveness of movement practice that is translated to audiences with or without movement background.

## **Dramatherapy**

Dramatherapy 'has as its main focus the intentional use of the healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth' (BADth 2002, p 9).

Dramatherapy is a form of psychotherapy in which the client's participation in creativity, movement, play, voice-work, dramatic improvisation, enactment and theatrical performance is central. The dramatherapist uses different forms of dramatherapy to respond to the specific needs of individuals and groups of clients. The discipline is firmly rooted in knowledge, in the broadest sense, of dramatic techniques and processes and in psychotherapeutic and sociotherapeutic concepts and practices relevant to understanding the psychotherapeutic needs of a range of clients. 'Dramatherapy' is a protected title.

The subject of dramatherapy includes in-depth knowledge of:

- the performance arts, especially drama and theatre, movement, voice, storytelling and ritual;
- the social sciences, especially psychology;
- psychiatry and psychotherapy;
- the impact of culture on health;
- research methods;
- the legal and statutory frameworks within which dramatherapy practice takes place.

Within diverse organisational contexts dramatherapists can deliver both a stand-alone therapeutic provision and therapeutic work that makes a specific contribution to a programme of therapy offered to a client by a multidisciplinary team.

Dramatherapists formulate achievable intervention goals and strategies for the therapeutic process in close collaboration with clients and, where relevant, colleagues. They evaluate the efficacy of interventions based on current professional knowledge. Drama therapists are expected to contribute to, and be aware of, pertinent research and to participate in professional development activities. These include activities that support further personal artistic development. Dramatherapists are required to work professionally within the complex framework of accountability and ethical and legal boundaries within the workplace, be this public sector or private practice. To become a registered dramatherapist students follow prescribed postgraduate programmes of study.

The study of dramatherapy encompasses the following principles:

- knowledge and understanding of drama, theatre and creative processes;
- knowledge of practical dramatherapy skills and processes;
- knowledge and understanding of the client and their developmental, physiological, psychological and interpersonal needs;
- self-knowledge and self-understanding;
- the nature of psychotherapeutic relationships and processes;
- the political and cultural contexts in which therapeutic practice takes place;
- the need to establish evidence of effectiveness.

The practice of dramatherapy involves:

- the integration, translation and application of theoretical concepts for appropriate practice;
- assessment of individual need and evaluation and recording of response and progress;
- the development of strong interpersonal skills to enable effective communication with a wide diversity of individuals and groups;
- critical reflection, self-evaluation and commitment to the use of research in the evaluation and improvement of practice.

### **The nature and extent of dramatherapy**

Dramatherapy is an interdisciplinary and applied subject that aims to work with a client's inner resources in the widest sense to promote their health and well-being. The subject of dramatherapy requires practitioners to integrate substantial knowledge and skills in the area of creativity development, movement and play, drama and performance arts, psychotherapy and the wider social sciences, in order to facilitate clients in their quests for improved health.

The practice of dramatherapy is restricted to registered dramatherapists. The requirements for fitness to practise and eligibility for recognition to practise is overseen by the statutory body the HPC and also by the BADTh. These two bodies assume responsibility for the safe practice of dramatherapy through a published code of ethics and *Standards of proficiency*. They also set the criteria for the curriculum leading to registration. The HPC has a statutory responsibility for approving all HEIs that participate in the education of arts therapists through to the clinical placements. HEIs have a shared responsibility with the HPC to ensure that all graduates who enter the professional register are appropriately fit to do so, eg the HEI conducts enquiries with relevant authorities such as the police.

Dramatherapy draws upon its own body of knowledge and upon relevant aspects of theatre and related performance arts, creativity studies, psychotherapy, psychiatry, the social sciences and medicine. Dramatherapy students also study different theories of therapeutic practice with individuals and groups. Students develop a critical understanding of the therapeutic relationship in dramatherapy and of its dynamics in different phases of the therapeutic process. Dramatherapy students also acquire an informed awareness of the relevance of research to practice.

The development of a reflective practitioner, who is committed to continuing professional development, is made possible through the student's participation in skills development courses and studio practice, the study of subject-specific literature and research, through supervised clinical placements, and through the student's involvement in personal therapy. The study of these various topics and subjects is integrated in coursework. This aims to enable the student dramatherapist to develop an integrated view of their discipline and to communicate this view effectively to others. There is one pre-registration route for dramatherapists in HEIs. This route includes a mandatory clinical placement, involving a minimum of 100 direct client contact hours facilitating dramatherapy sessions, within the structure of the training. The duration of the training is between one and a half to two academic years full-time and three to four years' part-time.

### **Subject knowledge, understanding and associated skills that are essential to underpin informed safe and effective practice of dramatherapy**

The award holder should be able to demonstrate a systematic understanding of the key aspects of the range of disciplines underpinning dramatherapy and a detailed knowledge of some aspects, including:

#### **Dramatherapy theory and practice**

The client's engagement in creativity, play, movement, voice, storytelling, dramatic improvisation, dramatisation and theatrical performance forms the core of dramatherapy practice. Different approaches to the discipline have developed from different histories in Eastern and Western Europe and America. Internationally, the discipline has deep foundations within the many cultural traditions that use ritual, play, drama and performance for the enhancement of health. Contemporary practitioners need the capacity to synthesise particular aspects of the discipline's base to formulate an approach that is responsive and effective in relation to the needs of different clients.

#### **Play, drama and performance arts**

The dramatherapist must develop a strong practical and theoretical grasp of core processes and forms of creativity, movement, play and dramatic/theatrical representation pertinent to practice with a range of client groups. They must be able to work both with symbolic value and intent inherent in drama and theatre as art forms, and with more explicit forms of enactment and re-enactment of a person's imagined or lived experience. The dramatherapist needs to have a demonstrated capacity to use techniques of theatrical representation and be able to engage clients in a variety of performance-derived roles. A sustained commitment (allowing for the pressures of everyday living) to the development of their own dramatic practice is expected of all dramatherapists.

### Skills of the dramatherapist

A capacity for self-reflection on the extent and limitations of:

- the professional role of the dramatherapist, the maintenance of standards and the requirements for registration;
- monitoring and evaluating the effects of dramatherapy treatment. They must know the theory and rationale for reflective practice as a mechanism for maintaining and improving their professional practice.

An ability to identify, investigate, analyse and formulate solutions to problems, including a capacity to draw on established analytical techniques, where appropriate, and particularly to:

- assimilate and assess critically new concepts; and initiate and promote changes in practice;
- know how to undertake a practical project of some substance, demonstrating a critical approach to research and involving some original thought.

An expertise in an appropriate range of skills and procedures essential for the practice of dramatherapy including:

- an understanding of the theoretical and practical reasons for using a particular dramatherapy approach in relation to differing clients needs;
- the ability to provide a rationale for such professional judgements.

The range of communication skills and other interpersonal skills necessary for effective performance including:

- awareness of the different methods and styles of communication that are used when interacting with other health care personnel, professionals within the multidisciplinary team and clients, and appropriate one-to-one communication with colleagues and the general public;
- use of communication skills to establish working relationships and develop strategies for coping with pressure;
- the ability to identify the barriers to communication and ways in which these may be overcome;
- knowledge of what factors must be considered to work successfully with colleagues to prepare and present a talk on a given topic;
- ability to choose the most appropriate methods of communication for a given situation.

Confidence in engaging with technology in the pursuit of effective dramatherapy practice including:

- a working knowledge of the methods commonly used in health care research and the ability to evaluate research papers critically;
- demonstration of appropriate IT skills to communicate with colleagues (eg email) and search for information.

### Music therapy

Music therapy is 'an interactive, primarily non-verbal intervention. It provides a process through which clients can express themselves, become more aware of their feelings and interact more easily' (APMT 2002, p 1). The development of a relationship between client and therapist is fundamental and music-making forms the basis for communication within this relationship.

Music therapists are musicians who are trained in clinical, professional and therapeutic skills in order to work with a wide range of adult, adolescent and child patients/clients within health, education, social services and in the private and voluntary sectors.

Practitioners of music therapy formulate the appropriate intervention and assess outcome on the basis of their professional knowledge and relevant research. They are required to work professionally within the frameworks of accountability and ethical and legal boundaries within the workplace, be this public sector or private practice. To become a registered music therapist students follow prescribed postgraduate programmes.

The study of music therapy encompasses the following principles:

- knowledge and understanding of music;
- knowledge and commitment in practical music therapy skills;
- knowledge and understanding of the client and their developmental, physiological and psychological needs;
- self-knowledge and self-understanding;



- the nature of psychotherapeutic relationships;
- the political and cultural contexts in which therapeutic practice takes place;
- the need to establish evidence of effectiveness;
- the need to show facility in the use of research models for enquiry into music therapy process.

The practice of music therapy involves:

- the integration, translation and application of theoretical concepts for appropriate practice;
- the development of strong interpersonal skills to enable effective communication to a wide diversity of individuals and groups;
- critical reflection, self-evaluation and commitment to the use of research in the evaluation and improvement of practice.

### **The nature and extent of music therapy**

Music therapy is an interactive, primarily non-verbal intervention, offered to individuals and groups. The music therapist seeks to establish contact with the client using the medium of sound, in order to establish a therapeutic relationship through music. The client is then supported and facilitated to experience and explore new ways of relating, leading to development and change. The practice of music therapy is restricted to registered music therapists. The requirements for fitness to practise and eligibility for recognition to practise is overseen by the statutory body the HPC and also the APMT. These two bodies assume responsibility for the safe practice of music therapy through a published code of ethics and principles of professional practice. The HPC has a statutory responsibility for approving all HEIs that participate in the education of music therapists through to the clinical placement. HEIs have a shared responsibility with the HPC to ensure that all graduates who enter the professional register are appropriately fit to do so, eg the HEI conducts enquiries with relevant authorities such as the police.

There is one pre-registration route for music therapists in HEIs. The duration of the training is between one and two years full-time and two to three years part-time.

### **Subject knowledge, understanding and associated skills that are essential to underpin informed safe and effective practice of music therapy**

Music therapy draws upon its own body of knowledge and relevant aspects of music, musicology, musical aesthetics, psychology, psychiatry, sociology, psychotherapy and medicine. The pre-registration student studies theories relevant to work with an individual and develops a critical understanding of the therapeutic relationship and of the relevance of research. Students also study theories of group work and the management of group process. Knowledge of these subjects enables music therapists to take an integrated view of their discipline and communicate this effectively with an inter-disciplinary perspective.

The development of a reflective practitioner with the potential to continue professional development is encouraged through supervised clinical placements, the study of research methods and subject-specific literature and personal development.

### **Music**

As music therapy requires active musical engagement on the part of the music therapist, substantial experience and ability in practical music-making as a result of sustained commitment to the art form is a necessity.

### **History of music therapy**

Music therapy has deep foundations within the many cultural traditions that use music for the enhancement of health in countries worldwide. Contemporary practitioners need the capacity to synthesise particular aspects of the discipline's knowledge base in their efforts to formulate an approach that is responsive and effective in relation to the needs of their clients.

### **Music therapy skills**

The award holder must demonstrate skill in the following areas:

- clinical improvisation, ie the ability to improvise fluently and flexibly in response to the patient/client using tonal and atonal idioms;
- practical skill and knowledge of repertoire in a range of musical styles, eg classical, folk and commercial;
- a high level of performance skill on at least one instrument;
- the ability to make flexible use of the voice;
- keyboard skills if not specialising in a harmonic instrument;
- highly developed aural skills;
- the ability to work with a wide range of musical instruments including percussion and instruments from different cultural traditions.

## Appendix 1

### Notes

Codes of ethics and information from the following:

Association for Dance Movement Therapy (ADMT UK)

Association of Professional Music Therapists (APMT)

British Association of Art Therapists (BAAT)

British Association of Dramatherapists (BADth)

### References

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## Appendix 2

### Arts therapies benchmark group membership

Professor Diane Waller (chair)	Goldsmiths College, University of London
Ms Ditty Dokter	Roehampton University
Dr Ailda Gersie	University of Hertfordshire
Ailda Gersie and Ditty Dokter wish to gratefully acknowledge the consultation with Richard Hougham; Madeline Andersen-Warren, University of Manchester; Dr Phil Jones, Leeds Metropolitan University; Dr Dorothy Langley and Sarah Scoble, University of Exeter.	
Dr Vicki Karkou	Queen Margaret University College, Edinburgh
Mrs Hazel Redsull	Arts therapist in private practice
Ms Caryl Sibbett	Queen's University Belfast
Ms Helen Tyler	Nordoff-Robbins Music Therapy Centre, London
Dr Chris Wood	Northern Programme for Art Psychotherapy with Sheffield Care Trust and Leeds Metropolitan University and also working for the University of Sheffield
Ms Ann Woodward	North London Charity Resources for Autism; APMT registered supervisor

The arts therapies subject benchmark group also wish to acknowledge most gratefully the work of the profession associations of art therapy, dance therapy, dramatherapy and music therapy and their education and training committees, the Joint Quality Assurance Committee of the former Arts Therapists Board of the Council for Professions Supplementary to Medicine, and the Health Professions Council's Standards of Proficiency Group (arts therapies) which provided the foundations for these benchmarks.

## Appendix 3

### Benchmark steering group membership

Professor Michael Aulton	Royal Pharmaceutical Society
Dr Elizabeth Campbell	The British Psychological Society
Mrs Margaret Coats	General Chiropractic Council
Mr Vince Cullen	General Osteopathic Council
Ms Jill Galvani	The Royal Liverpool University Hospital
Ms Rosemary Grant	Avon, Gloucestershire and Wiltshire Strategic Health Authority
Dr Mike Hewins	Norfolk, Suffolk and Cambridgeshire Strategic Health Authority
Ms Ruth Howkins succeeded by Ms Meriel Hutton	Quality Assurance Team, Department of Health (England)
Ms Prue Kiddie	Department of Health
Professor Jeff Lucas	University of Bradford
Mrs Helen Marshall	Standing Conference of Principals
Mrs Susan Montague	University of Hertfordshire
Professor Audrey Paterson	The Society of Radiographers (representing Allied Health Professions)
Professor Mike Pittilo (Chair)	University of Hertfordshire
Ms Jenny Routledge	University of East Anglia
Mr Alvan Seth-Smith	General Dental Council
Mr David Skinner	General Medical Council
Mr Roger Thompson	Nursing and Midwifery Council
Professor Steve Trevillion	General Social Care Council
Professor Diane Waller	Health Professions Council
Professor Barry Winn	University of Hull
Mr David Young	Universities UK